

REQUEST FOR ADVANCE DEPENDENTS TRAVEL AND/OR DISLOCATION ALLOWANCES

NAME: _____ SSN: _____ RANK: _____

UNIT: _____ DISCHARGE DATE: _____

CHECK ONE:

I request advance payment of: _____ Dislocation Allowance _____ Dependent's Travel Allowance

I certify that my dependents will relocate from:

To: _____

A bona fide residence will be established incident to my Permanent Change of Station. The following dependents are eligible for transportation per the JFTR. **I UNDERSTAND THAT, IN THE EVENT MY DEPENDENTS DO NO RELOCATE, REPAYMENT OF THE ADVANCE IS SUBJECT TO IMMEDIATE RECOUPMENT ACTION.**

NAME (Last, First, MI)

RELATIONSHIP

DATE OF BIRTH

Abstract

1. The first part of the document is a title page. It contains the title of the report, the author's name, and the date of the report. The title is "The Impact of Climate Change on the Environment". The author is "John Doe". The date is "10/10/2023".

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Travel will commence on _____ and will be completed on _____.

I have applied for shipment/storage of household effects or a "DITY" move on _____.

I hereby apply for advance payment of dislocation allowances incident to my Permanent Change of Station to:

IN THE EVENT GOVERNMENT QUARTERS ARE PERMANENTLY ASSIGNED AT THE NEW PERMANENT DUTY STATION, I UNDERSTAND THAT THE ADVANCE PAYMENT OF DISLOCATION ALLOWANCE MUST BE PAID IMMEDIATELY UPON REPORTING THERETO. THIS REGULATION PERTAINS ONLY TO MARINES RECEIVING ADVANCE PAYMENT OF DISLOCATION OWN-RIGHT. (OWN-RIGHT BEING MARINE WHO IS CLASSIFIED WITHOUT DEPENDENT UPON REPORTING TO NEW PERMANENT DUTY STATION).

(Applicant's Signature)

(Date)

REQUEST FOR ADVANCE OF
PCS TRAVEL PAY

NAME: _____ SSN: _____ RANK: _____
UNIT: _____ DISCHARGE DATE: _____

CHECK AS APPROPRIATE:

_____ Personal Travel _____ Request Advance Travel for two (2) POV

_____ I intend to perform ALL travel between old and new station or port of call by:

_____ (Indicate private vehicle, plane, other)

_____ I intend to travel by various modes to my new duty station.

By _____ From _____ To _____
(Private vehicle, plane, other)

By _____ From _____ To _____

By _____ From _____ To _____

_____ Dependent Travel. I elect travel for my dependent and/or Dislocation Allowance.
Complete reverse side of this form.

_____ DITY Move Advance. I elect a DITY move advance.
Attach DITY move paperwork.

_____ TAD Per Diem

ATTACH ORIGINAL AND ONE COPY OF ORIGINAL ORDERS TO THIS FORM

(Applicant's Signature)

(Date)